

Daily news bulletins bring harrowing stories of populations caught up in war and conflicts and of natural disasters across the globe. But behind the headlines lie stories of shattered lives and traumas from which sufferers may never recover. Such catastrophic events often prompt an immediate response from agencies to provide crisis humanitarian assistance and relief to victims. However, the suffering continues long after the story is no longer a media headline.

This longer-term perspective is the focus of Humanitarian Assistance Programmes UK & Ireland (HAP). We work in partnership with mental health professionals in the affected country, providing knowledge and expertise in the treatment of trauma, and specifically in the use of EMDR (eye movement desensitisation and reprocessing). In this way we aim to build a body of qualified and experienced professionals who can establish and sustain their own EMDR training and professional associations in their own countries.

Many readers will be aware of EMDR. I wrote about it in the April 2006 edition of *Therapy Today*, and it was the subject of a more recent article, by Robin Logie in the July 2012 issue. The benefits of EMDR in relieving distressing symptoms following trauma were first discovered by Francine Shapiro in 1987. Her controlled study of EMDR with US Vietnam veterans was published in 1989 in the *Journal of Traumatic Stress*.¹

Since then, a growing body of research, including over a dozen randomised controlled trials (RCTs) and eight meta-analyses, has demonstrated its efficacy as a treatment for trauma.^{2,3} A number of international guidelines now recommend it for the treatment of both acute stress disorder and post-traumatic stress disorder (PTSD). In 2005 EMDR was validated by NICE as a recommended treatment for PTSD.⁴

EMDR HAP was first set up in the US in the early 1990s and its volunteers have answered calls for help from all over the world, including Oklahoma City, Dunblane (Scotland), Northern Ireland, Turkey, Palestine, China and South-East Asia, India and Pakistan. There are HAP organisations now functioning independently in many European countries, most of which have well-established EMDR training and professional organisations. In 2010 HAP Asia was launched in Bali, following HAP involvement in the region following the 2004 earthquake and tsunami.

HAP in Bosnia-Herzegovina

While a number of EMDR therapists from the UK have been involved in HAP projects over the years, it was not until 2009 that HAP UK & Ireland was set up as an independent organisation. It became a registered charity in 2010. Its creation gained added impetus from a direct request for EMDR training from Mevludin Hasanovic, a consultant psychiatrist at the Institute of Psychiatry, based at the University of Tuzla in Bosnia-Herzegovina. Dr Hasanovic had learned about EMDR at a conference in the US in 1998. This was only two years after the siege in Sarajevo had ended and the population of Bosnia was only just beginning to emerge from the shadow of ethnic cleansing and prolonged military conflict. Families had been torn apart and lives destroyed. Trauma was experienced on a massive scale, the scars of which are still very evident today.

Dr Hasanovic had been a brigade commander in the Bosnia-Herzegovinian army during the war, and had himself been wounded. As a founder member of the Association for War Veterans and with a specialist interest in PTSD, he recognised that EMDR could be a useful tool when working with a population left deeply traumatised by genocide,

massacre, mass rape and concentration camps, as well as displacement from homes and the destruction of houses, hospitals and schools.

When Dr Hasanovic returned to psychiatric practice after the war, he decided to try using the principles of EMDR in his work with traumatised patients and was amazed by the results he achieved. He recognised his own need for formal EMDR training and approached the EMDR community in the UK with a view to bringing the training to Bosnia-Herzegovina. When I contacted Dr Hasanovic on behalf of HAP, I recognised in him not only a great advocate for EMDR but also someone ideally placed to identify other mental health professionals throughout the country who would be keen to train in EMDR, thus setting off a ripple effect. So it has proved.

Synchronicity has had a hand in the project. The approach from Bosnia-Herzegovina came just when HAP UK & Ireland was launching as an independent organisation, so we were well placed to respond. Humanitarian assistance is mostly associated with the developing world, but often the need can be found much closer to home. The atrocities in Bosnia may have ended, but their impact remains powerful and the war crimes trials in The Hague are still in process. The psychological and emotional damage wreaked on the population will doubtless be felt for generations to come.

The project offered a timely opportunity to assist our fellow European mental health professionals in healing their peoples' suffering as they grapple with the aftermath of war. Unlike crisis humanitarian assistance that focuses on treating people in the immediate aftermath of a disaster, this project is planned to last five years, and is based on the same simple principle as the parable of the fisherman: 'Give

When the war is over

Sian Morgan reports on the work of Humanitarian Assistance Programmes UK & Ireland to bring EMDR to traumatised communities in the aftermath of war and natural disasters

a man a fish and you feed him for a day. Teach him how to fish, and you feed him for a lifetime.'

Training roll-out

In the first stage of the project, Dr Hasanovic and his colleague Dr Nermina Kravic, another psychiatrist at the Institute of Psychiatry, completed EMDR training in the UK. This was provided *pro bono* by EMDR Works and EMDR Extra. This enabled them to act as interpreters in stage two of the project, when 24 mental health workers in Tuzla attended HAP UK & Ireland part one EMDR training, led by volunteer EMDR accredited trainers and facilitators, in December 2009. This first cohort completed their EMDR training over the next 18 months, led by

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Dr Michael Paterson OBE with the assistance of EMDR consultant colleagues. In December 2012 the second cohort of 26 trainees from all over Bosnia-Herzegovina attended the University of Sarajevo for the first part of their EMDR training. The EMDR trainer, Sandi Richman of Richman EMDR Training, was assisted by Sanja

Oakley, an EMDR consultant originally from Zagreb and fluent in the local Bozniak language, me and by Dr Hasanovic, Dr Jasna Petkovic and Šemsa Ahmetpahić, all of whom participated in the first training in Tuzla and have been receiving ongoing supervision from volunteer EMDR consultants via Skype as they work towards their full accreditation as EMDR practitioners. These local pioneers are now able to pass on their knowledge and experience of EMDR to this next tranche of trainees. In this way, we hope to see the tree of local expertise in EMDR growing and spreading, culminating in a self-sufficient national EMDR association and training organisation in Bosnia-Herzegovina.

This will mean clients such as Hassan can finally find some relief from the daily

Šemsa Ahmetpahić, educator and psychologist, describes her experience of EMDR training

From my early childhood, having opportunities to help people has always made me feel happy and satisfied. It seems to me that I even chose my major (psychology/ pedagogy) guided by the inner need to connect with people and to provide help to them. When I learned that the first EMDR training would take place in Tuzla, I wanted to find out more about this powerful method. One of the participants cancelled at the last moment, and so my wish came true.

On the first day of the training, in the room where all the participants gathered, I saw people who looked like strangers – a special light radiated from them; they were always smiling and positive, even though they were meeting us for the first time. The lecture was extremely well organised and the trainers who worked with us for hours never lost their concentration and dedication, not even for a moment.

Perhaps this, apart from my wish to help people, was the reason why I chose to volunteer when there was a need to demonstrate an EMDR session (that's me on the right, in the picture). That was a crucial moment in the entire story.

As I watched a picture of my high school trauma fade away and understood that within me existed a much larger trauma, I witnessed something I would have never understood without that experience. I was stunned. So, strongly influenced



by the method, I followed the advice of the trainers and immediately started using EMDR with all my clients who agreed to it.

Sometimes frightened, sometimes encouraged by the changes the therapy caused, I never gave up. What gave me the most strength to keep going was my personal experience from that first day of training, as well as the honesty and humanity of the wonderful EMDR trainers who, without any compensation, diligently worked with us for days with the aim to spread a good idea and help us, the therapists, ease the suffering of our current and future clients.

Today, three years after the training, EMDR is my 'right hand' in my work with patients and my work log bears witness to about 100 clients for whose lives this miracle method changed for the better. And I am first on that list.

nightmares he had experienced since becoming a volunteer in the Bosnian army in his early 20s. His small unit had been attacked by Serbs and all his comrades killed. Although badly injured, Hassan survived by 'playing dead'. When all seemed quiet and he dared to open his eyes, a scene of utter carnage lay before him. These images, together with feelings of guilt that he had been unable to save or defend his friends, had been his almost constant companions from that day. Since the end of the war he had been a frequent visitor to the inpatient unit at the Institute clinic in Tuzla. He had been unable to work consistently, had battled with drug addiction and his family relationships had fallen apart. I was privileged to observe an EMDR session that he agreed could be videoed and to witness the transformation as Hassan's memories receded in intensity and he became able to accept that he had been alone, outnumbered and injured, and could have done nothing to save or help his fellow victims. He still felt sad but he was finally able to forgive himself.

More recent events have opened old wounds. In 2012 some of the bodies from the Srebrenica massacre were retrieved, identified and finally laid to rest. Fifty-year-old Lejla found herself reliving the nightmare of the day her husband had been forcibly separated from her, her 14-year-old son and 11-year-old daughter while they were travelling as refugees on a bus towards the border. Her pleas for her son's life were successful, but it was the last time she would ever see her husband. She returned to their village in 1997 to find their house in ruins and struggled to rebuild her life. Throughout that time she and her children suffered psychological and somatic complaints. The discovery and reburial of the Srebrenica massacre victims elevated her symptoms until finally she sought help. Although nothing can change the past, EMDR treatment has enabled Lejla to regain a sense of inner peace that had been absent from her life for years.

At the training in Sarajevo, trainees were able to witness the powerful effect of EMDR as they watched Dr Jasna Petkovic work with a woman who, as a newly-wed in her 20s, had been raped during the war. Her body became contorted as she processed the somatic memory of that terrible event, but at the end of the session she was calm as she said that, for the first time since then, she felt she could put her experience in the past and let go of the shame with which she had lived for the last 20 years. These are just a few examples of the

kind of clients already benefitting from the HAP project in Bosnia.

The trauma is also having a knock-on effect on younger generations. Many younger people, although only indirectly affected by the impact of the war through their parents' experiences, are also presenting with psychological problems such as anxiety and depression. Although EMDR is known primarily as a treatment for trauma, as Robin Logie's article in *Therapy Today* explained, it can also be used for a wider range of other psychological presentations. Our Bosnian colleagues are already using EMDR successfully to treat these conditions as well.

As with training courses of any kind, both in the UK and overseas, we know that not all participants will go on to use what they have learned with proficiency or on a daily basis. For this reason, and to maximise the success of HAP projects, another important component is to provide ongoing supervision and support. A number of volunteer EMDR consultants have already been providing Skype supervision to participants on the first training programme. This has now been extended and more volunteer EMDR accredited consultants have been recruited to work with the Bosnian cohort currently being trained. These volunteers recently attended a training day in Birmingham. Dr David Blore, a HAP veteran and highly experienced EMDR supervisor, is providing further ongoing support through an online Linked-in network. It is also our aim to incorporate some ongoing research into this project and other related work in the near future.

Worldwide work

The success of HAP projects depends enormously on the relationships built between all involved. The expanding network of EMDR therapists in Bosnia-Herzegovina and the UK is one of the great strengths and mutually beneficial outcomes of the work, and to date has provided valuable opportunities to share and explore professional and personal experiences across cultures.

Over the last three years, while Bosnia has been our main project, we have also responded to a request from New Zealand for EMDR training there, following the earthquake in Christchurch in February 2011. Sandi Richman, assisted by Phil Nottingham, an EMDR consultant now living in New Zealand, visited Christchurch twice in 2012 to lead EMDR training for 24 therapists. As with all HAP projects, all the trainers

are volunteers and Sandi Richman has generously given her time and expertise to provide this training. HAP UK & Ireland supported the project by funding her travel. Information about this and feedback from participants can be found on our website (see below).

We have also this year funded some training for EMDR consultants in Palestine. The HAP EMDR project in Palestine started some years ago and there is now a well-established EMDR network there, as well as accredited Palestinian EMDR trainers and facilitators. HAP UK & Ireland had a number of requests for training from countries in the Middle East during 2012. We are currently working with mental health colleagues in the UK and the Middle East to provide some EMDR training in the region in 2013.

These projects rely heavily on the goodwill, commitment and generosity of the volunteers involved, and much of the work of our Board of Trustees is focused on fundraising. The bulk of our funds come from annual subscriptions and donations from our membership of nearly 300, most of whom are EMDR therapists working in the UK. We also raise money through training events, the sale of EMDR-related publications at conferences and online (please see the website below) and through sponsorship activities, including trekking the Inca Trail and a cyclothon. Two of our members are already in training for a marathon in 2013. ■

Sian Morgan is a BACP and BABCP accredited counsellor and psychotherapist. She trained in EMDR in 1999 and is an accredited EMDR consultant and facilitator. She is the founder and President of HAP UK & Ireland. Email info@hapuk.org

To join HAP UK & Ireland or to support its projects through donations or sponsorship, please visit www.hapuk.org

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